Name in Full: John Archibald

CERTIFICATE OF DEATH

MARYLAND

Died at: Bare Hill (Town) Mt Washington — Balto. (County)

Date of death 1906	Month	Day	Age	Years	Months	Days
	12	15		73	—	—

Sex: Male — Color or Race: White — Birthplace: Europe

Occupation: Black Smith — Where Residing if not at place of death: Mt Washington

Married, Single or Widowed: Married — Name of Wife or Husband: Indiana Archibald

Father's Name: John Archibald — Father's Birthplace: Europe

Mother's Maiden Name: Indiana Hook — Mother's Birthplace: Balto. Co

Name of person giving In formation: Mrs Indiana Archibald — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

40

Primary: Carcinoma Liver — How long: eight weeks

Immediate: Cardiac Asthmia ~~[illegible]~~ — How long: two weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. Josiah T. Bowen

Address: Mt. Washington Balto Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

John Burns Sons
Towson
Saters Baptist
cem.
Balto. Co.

Name in Full: Ann Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Texas — County: Balt

Date of death: Month: Dec — Day: 28 — Year: 1906

Age: Years: 60 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Domestic — Where Residing If not at place of death: Texas Md

Married, Single or Widowed: Widow — Name of Wife or Husband: Jas Barrett

Father's Name: — Swift — Father's Birthplace: Ireland

Mother's Maiden Name: Mr Swift — Mother's Birthplace: Ireland

Name of person giving Information: Rose Power — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

(over)

CAUSES OF DEATH

178

Primary: Died Suddenly — How long: —

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. F. Barney

Address: Texas Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Interment at Texas
Cemetery Dec 26th

No. 6 Brooks

"Died suddenly without
medical treatment -
was at time of death
supposed to have been
dead" J. T. Bridwell

Name in Full: Minnie S Baughman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Balto.

Date of death 1906 — Month: 12 — Day: 1 — Age: Years: 24 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: England

Occupation: Housewife — Where Residing if not at place of death: #2 N Clinton St.

Married, ~~Single or Widowed~~: Married — Name of Wife or Husband: Arthur Baughman

Father's Name: Jno. Bailey — Father's Birthplace: Eng.

Mother's Maiden Name: Annie Booth — Mother's Birthplace: Eng.

Name of person giving information: Arthur Baughman — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

140

Primary: Childbirth — How long: 6 hours

Immediate: Shock — How long: 20 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Warner M.D.

Address: 1120 Highland Ave Balto Co. Md

Accident or Suicide? No

PHYSICIAN OR CORONER

Oakland Cemetery

Dec 4/06

Wm Cook

502 E Northboy

Dr Athey

Dr Hudson Exch.

Name in Full: Elizabeth Becker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Ult Washington — County: Balto

Date of death 1906 — Month: Dec — Day: 30 — Age: Years 74 — Months 6 — Days 28

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House Keeper — Where Residing if not at place of death: Ult Washington

Married, Single or Widowed: Widow — Name of Wife or Husband: John Becker (Deceased)

Father's Name: Louis Dietrick — Father's Birthplace: Germany

Mother's Maiden Name: not Known — Mother's Birthplace: [illegible]

Name of person giving Information: Mary A. Connell — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 4 or 5 yrs.

79

Immediate: Heart Failure — How long: Suddenly

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of ~~Physician~~ Coroner: H. Holliday Emich

Address: Arlington, Md.

Accident or ~~Suicide~~: Accident

PHYSICIAN OR CORONER

A S Marshall
3539 Falls Road
Jerusalem Church
Gardenville
Balto Co
Md

Jan 2-1956

Name in Full: Teresa M Beckman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Prospeburg — County: Balti

Date of death: 1906 — Month: Dec — Day: 17 — Age: Years 23 — Months 7 — Days

Sex: Female — Color or Race: white — Birthplace: Balti Co

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Peter Beckman — Father's Birthplace: Balti Co

Mother's Maiden Name: Sarah Bruder — Mother's Birthplace: " "

Nama of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

119

Primary: Acute bronchitis — How long: 1 Month

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Rose Md

Address: Fordenvelle Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Annie Elizabeth Bruhmer.

CERTIFICATE OF DEATH

MARYLAND

Died at: Phila Road — Town — County: Baltimore

Date of death 1906: Month 12. Day 20. Age: Years 71 Months — Days —

Sex: Female. Color or Race: White. Birthplace: Germany.

Occupation: Retired. Where Residing if not at place of death: —

~~Married, Single~~ or Widowed. Name of Wife or Husband: John Bruhmer.

Father's Name: John Bruhmer. Father's Birthplace: German

Mother's Maiden Name: Annie E. Hershman. Mother's Birthplace: Germany.

Name of person giving information: Oscar Bruhmer. How related to deceased: son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of breast. How long: 2 years.

Immediate: Exhaustion. How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. C. Schofield

Address: 1400 Hurst St.

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

V3

Trinity Lum.
J. Herwig & Son
12/23/06

Name In Full: John Milnor Benson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Forestou — County: Baltimore

Date of death 190 6 — Month: Dec — Day: 14 — Years: 7 — Months: 9 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Mt Carmel

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Benjamin M. Benson — Father's Birthplace: Mt Carmel

Mother's Maiden Name: Annie Estella Albau — Mother's Birthplace: Mt Carmel

Name of person giving information: Annie Estella Benson — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Inflammatory Rheumatism (V) — How long: Three days.

Immediate: Meningitis — How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Mountou, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Jessy Benson

CERTIFICATE OF DEATH

MARYLAND

Died at: Butler (Town) Balto. (County)

Date of death: 1906 Month: Dec. Day: 6 Years: 65 Months: 9 Days: 24

Sex: Male Color or Race: White Birthplace: Butler Md

Occupation: Farmer Where Residing if not at place of death: Butler Md

Married, ~~Single or Widowed~~ ~~Widow~~ Name or Wife ~~or Husband~~: Ruth Ann Benson

Father's Name: James Benson Father's Birthplace: Butler

Mother's Maiden Name: Elinor Ensor Mother's Birthplace: Butler Md

Name of person giving information: Melvin Stewart How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

60

Primary: Inflamation of Brain How long: 5 yrs

Immediate: Exhaustion How long: " —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Disch M.D.

Address: Butler Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name In Full

Certificate of Death

Jefferson A. Bollinger

Town: Eldo

County: Balto

Died at

MARYLAND

Date 19 06	Month 12	Day 8	Age Y. 70	M. 5	D. 16	Native of Md	Occupation Farmer

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of children living 3

Husband / ~~Wife~~ of Rebecca Wanta Bollinger

Father's Name John Bollinger

Mother's Maiden Name Margaret Adams

Cause of Death — Primary: Cerebral Hemorrhage — How long sick 1 week

Immediate: Heart Failure

~~Accident~~, Suicide, Homicide

Reported by D. M. Rush M.D.

Address Berkeleyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Harvey Le Roy Brady

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Arrlea (County): Talbot

Date of death: 1906 Month: Dec Day: 14 Age: Years: 16 Months: Days:

Sex: Male Color or Race: White Birthplace:

Occupation: none Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Harvey M Brady (N.) Father's Birthplace: Md Carolina

Mother's Maiden Name: Laura Talbot Krok Mother's Birthplace: Md

Name of person giving information: Harvey M Brady How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pneumonia (93) How long: 8 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm D Corse

Address: Gardenville Md

Accident or Suicide?

Name in Full: Ella Bosley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Western Run — County: Balto

Date of death 1906	Month: Dec	Day: 16	Age: 60 years	Months: 5	Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: ~~White~~ Female — Color or Race: White — Birthplace: Balto Co

Occupation: None — Where Residing if not at place of death: Western Run

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Joseph Bosley — Father's Birthplace: Balto Co

Mother's Maiden Name: Martha Gorsuch — Mother's Birthplace: " "

Name of person giving information: L. W. Bosley — How related to deceased: Son

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholia — How long: 12 Months

Immediate: Exhaustion - Inanition — How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr B. B. Dawson

Address: Cockeysville Md

~~Accident or Suicide?~~

68

Interment at Borly's
Cemetery Dec 19th 04

W. C. Brooks

Name in Full: Robert Bowman

CERTIFICATE OF DEATH

MARYLAND

Died at: Waters (Town) — Baltimore (County)

Date of death 1906: Month: Dec. Day: 12 — Years: 109 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Basil Brown — How related to deceased: —

64

CAUSES OF DEATH

Primary: Cerebral apoplexy — How long: 4 mo

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. Bowman

Address: Rossville Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: John Braun

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sollers Station; County: Baltimore

Date of death: Month: Dec; Day: 27; Year: 1906

Age: Years: 66; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Germany

Occupation: Shoeman

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Geo. Seifert

How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary: Killed by train

How long:

Immediate:

How long: immediate

Are the name, age, sex, color, date and place correctly given above? "to the best of my knowledge"

Signature of Physician: P. A. Dunnigan

Address: 203 Toone St.

Accident ~~or Suicide~~? Accident

CORONER

P. A. Dunnigan

LIBRARY BUREAU ABBELS

Name in Full: John Thomas Brightful.

CERTIFICATE OF DEATH

MARYLAND

Died at Towns. Town — Dec 13th — County Baltimore Co

Date of death 1906 — Month Dec. — Day 13th — Years Age 67. — Months — Days

Sex Male. — Color or Race Black. — Birthplace Frederick Md.

Occupation Labourer. — Where Residing if not at place of death

Married, Single or Widowed Married — Name of Wife or Husband Liza Brightful

Father's Name + Unknown — Father's Birthplace Unknown

Mother's Maiden Name + Unknown — Mother's Birthplace Unknown

Name of person giving information John F. Donell. — How related to deceased Wife.

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Cerebral hemorage. — How long 6 days.

Immediate Yes — How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician L. W. Harper M.D.

Address Healthoope Md.

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Name in Full: George Melvin Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Highlandtown — County: Balto

Date of death 1906 — Month: Dec. — Day: 27 — Age: Years 1 — Months — Days —

Sex: Male — Color or Race: White — Birthplace: Balto Md

Occupation: None — Where Residing If not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Geo. W. E. Brooks — Father's Birthplace: Md

Mother's Maiden Name: Jennie West — Mother's Birthplace: "

Name of person giving information: Geo. W. E. Brooks — How related to deceased: father

CAUSES OF DEATH

97

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: 3 weeks

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. W. Athey

Address: 25 Hudson St

~~Accident or Suicide?~~

Dr Athy.

Mt. Carmel
Henderson

Name in Full: Blanche Brouthers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Zion | County: Baltimore

Date of death 1906: Month: Dec | Day: 30 | Age: Years: 3 | Months: 7 | Days:

Sex: Female | Color or Race: white | Birthplace:

~~Married~~, Single or ~~Widowed~~ | Occupation:

Name of Wife or Husband:

Father's Name: Unknown | Father's Birthplace:

Mother's Maiden Name: Lucy Brouthers | Mother's Birthplace:

Name of person giving information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Broncho Pneumonia | How long: Five days

Immediate: Heart Failure | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. F. Richards M.D.

Address: Campstead Md.

Accident or Suicide?

Name in Full: Mary E. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto.

Date of death: 1906; Month: Dec; Day: 8; Age: Years: 60; Months: 7; Days: 11

Sex: Female; Color or Race: white; Birthplace: Howard Co.

Occupation: None; Where Residing if not at place of death: Catonsville

Married, Single or Widowed: widow; Name of Wife or Husband: Philip H. Brown

Father's Name: Chas. R. Pac; Father's Birthplace: Balto.

Mother's Maiden Name: Emily L. Williams; Mother's Birthplace: Howard Co.

Name of person giving In formation: Chas. R. P. Brown; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Insufficiency; How long: 15 yrs

Immediate: Congestion lung failure; How long: 4 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Chas. Magill

Address: Catonsville Md

Accident or Suicide?

PHYSICIAN OR CORONER

79

Name in Full: Samuel E. Brown Sr

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Grossleys

County: Garrett

Date of death: 1906 Month: December Day: 9th

Age: Years: about 70 Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Hostler

Where Residing if not at place of death: Grossleys

Married, Single or Widowed: Widower

Name of Wife or Husband: Rachel a Moore (maiden name)

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Benj. F. Brown

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease

How long: unknown

Immediate: Pleurisy

How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. R. Nauth M.D.

Address: 765 3rd Ave

Accident or Suicide? no

Thomas E. Hively J.P.

79

Laurel Cemetery
Dec 12-06
H S Marshall
3539 Fall Road

Name in Full: Ulonis E. Burk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govt Air — County: Balto

Date of death 1904 — Month: Dec — Day: 8 — Age: Years: 5 — Months: 11 — Days: —

Sex: Male — Color or Race: Col — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: ——

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Edward Burk — Father's Birthplace: Md

Mother's Maiden Name: Grace Ayres — Mother's Birthplace: Md

Name of person giving information: Ed. Burk — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 8 Months

Immediate: Tetanus — How long: 2 hours

70

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Bowles Crum M.D.

Address: Towson Md.

~~Accident or Suicide?~~

Mr Elisha Slade

Long Green

Name in Full: Joseph Verney Bush

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Baltimore

Date of death: 1906; Month: Dec.; Day: 1; Years: Age; Months: 7; Days:

Sex: Male; Color or Race: White; Birthplace: Sparrows Point

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Edward Bush; Father's Birthplace: Wanesville Pa

Mother's Maiden Name: Cora Baldwin; Mother's Birthplace: Boyds, Pa.

Name of person giving In formation: Edward Bush; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

90

Primary: Bronchitis and Pneumonia; How long: Three weeks

Immediate: Convulsions; How long: 4 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank C. Eldred M.D.

Address: 316 E. E. St. Sparrows Point Md.

Accident or Suicide?

Name in Full: Martha Carroll

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: St Helena (Town) Balto. (County)

Date of death 1906: Month Dec. Day 24

Age: Years 82/2 yrs Months Days 9

Sex: Female

Color or Race: White

Birthplace: Boston

Married, Single or Widowed: Widowed

Occupation: None

Name of Wife or Husband: Thomas Carroll

Father's Name: James Emmett

Father's Birthplace: England

Mother's Maiden Name: Nancy Brooks

Mother's Birthplace: Lambertville

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho pneumonia (92) How long: 9 days

Immediate: Cardiac failure How long: 2 do

Are the name, age, sex, color, date and place correctly given above? Hunter.

Signature of Physician: E. D. Ellis M.D.

Address: 915 Light St City

Accident or Suicide?

Jno. E. Hough Co.

Mt. Olivet. Cem

Name in Full: Joseph Wm Cavey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Grays. Balto

Date of death: Month: Dec 1906 Day: 22

Age: Years: 9 Months: — Days: —

Sex: Male

Color or Race: White

Birth-place: Maryland

Occupation: School Boy

Where Residing if not at place of death: Grays

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Joseph C Cavey.

Father's Birthplace: Maryland

Mother's Maiden Name: Mary E Marran

Mother's Birthplace: Maryland

Name of person giving information: Joseph C Cavey

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease Valvular

How long: —

Immediate: Exaustion

How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H B Morris

Address: Ellicott City

Accident or Suicide?

Name in Full: Sophia Christian

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Balto.

Date of death 1906: Month 12 — Day 11 — Age: Years 46 — Months 1 — Days

Sex: Female — Color or Race: White — Birthplace: Balto.

Occupation: none — Where Residing if not at place of death: 1316 - 3rd St.

Married, Single or Widowed: Widow — Name of Wife or Husband: Frederick Christian

Father's Name: Leopold Stoll — Father's Birthplace: Germany

Mother's Maiden Name: Sophia Stahl — Mother's Birthplace: Balto. Md.

Name of person giving information: Mamie Leyh — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Parenchymatous Nephritis — How long: 4 years

Immediate: Uraemia, Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. L. Chambers

Address: 3 and Gough

Accident or Suicide? No

PHYSICIAN OR CORONER

Mt. Carmel Cem.

J. Herwig & Son

200 E. Orleans St.

12/14/06

Name in Full: Margaret Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mnrell Park; County: Bucks

Date of death: 1906 Month: Dec Day: 4

Age: Years: 69 Months: — Days: —

Sex: Female

Color or Race: white

Birthplace: Ireland

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Wdw

Name of ~~Wife~~ or Husband: John Collins

Father's Name: Not known

Father's Birthplace: Ireland

Mother's Maiden Name: — Daniels

Mother's Birthplace: "

Name of person giving Information: Mrs J. Bace

How related to deceased: daughter in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

120

Primary: Chronic Bright's disease

How long: 5 mos

Immediate: Uremia

How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. S. M. Kieffer

Address: Mnrell Park Pa

Accident or Suicide?

PHYSICIAN OR CORONER

Elizabeth
Hewitt
v.
N York

Name in Full: John Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Washington; County: Baltimore

Date of death: Month: Dec.; Day: 4; Years: 66; Months: 2; Days:

Sex: Male; Color or Race: White; Birthplace: Co. Waterford Ireland

Occupation: Miner & Contractor; Where Residing if not at place of death:

Married, Single or Widowed: Widowed; Name of Wife or Husband: Winifred Cooper

Father's Name: John Cooper; Father's Birthplace: Ireland

Mother's Maiden Name: Anna Wahl; Mother's Birthplace: Ireland

Name of person giving information: Patrick Cooper - (Son); How related to deceased: (Son)

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pyelonephritis & Interstitial nephritis; How long: 12 days —

Immediate: Exhaustion; How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Josiah S. Bowen

Address: Mt. Washington, Balt. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A68515

E. A. Wiedefeld Jr.
2113 Beaumont Ave
St Mary's Germantown

Name in Full: Emily E Cullimore

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clarendon; County: Baltimore

Date of death: 1906; Month: Dec; Day: 20; Years: 57; Months: 2; Days: 10

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: House wife; Where Residing if not at place of death:

Married, Single or Widowed; Name of Wife or Husband: Wife William A. Cullimore

Father's Name: Thomas Ward; Father's Birthplace: England

Mother's Maiden Name: Caroline Rowe; Mother's Birthplace: Maryland

Name of person giving information: Cara A. Payne; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Primary Cancer of Liver; How long: about 3 months

Immediate: Inanition - Exhaustion; How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Claude Van Bibber, M.D.

Address: G. E. Brad Sr., Balto. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Dr C L Mattfeldt Catonsville

Dear Sir, Please grant Permit to inter the Remains of Mrs Cullimore in London Park Cemetery Saturday Dec 22nd/06 at 2 o'clock

Yours Resp't
Stewart & Mowen Co

Name in Full: Miklos Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: near Guyndbrook — County: Balto

Date of death — Month: Dec — Day: 21 — Years: 1906 — Age: 61 — Months: — Days:

Sex: Male — Color or Race: Colored — Birthplace: Balto co Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Louisa Davis

Father's Name: Lewis Davis — Father's Birthplace: Balto co Md

Mother's Maiden Name: Julia Scovier — Mother's Birthplace: " " "

Name of person giving In formation: Louisa Davis — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Old age — How long: 5 or 6 years

Immediate: Paralysis — How long: about one month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Campbell

Address: Owings Mills Md

Accident or Suicide?

Name in Full: Mary Decker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River; County: Balto.

Date of death: Month: Dec; Day: 26; 1906

Age: Years: 3 3; Months: —; Days: —

Sex: Female

Color or Race: white

Birthplace: Md

Occupation: H.S.

Where Residing if not at place of death: —

Married, Single or Widowed: Divorced

Name of Wife or Husband: —

Father's Name: Henry Jones

Father's Birthplace: Md

Mother's Maiden Name: Sarah —

Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pul Tuberculosis

How long: 2 yrs

Immediate: Asthenia

How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John W Hannan

Address: Middle River Md

Accident or Suicide? No

2

Name in Full: Frank Dieter,

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Fullerton

County: Balto

Date of death: 1906 Month: Dec. Day: 11

Age: Years: 20 Months: 10 Days: 7

Sex: Male

Color or Race: White

Birthplace: Balto. Co.

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Jacob J. Dieter,

Father's Birthplace: Balto. Co.

Mother's Maiden Name: Elizabeth Greezer

Mother's Birthplace: Germany

Name of person giving In formation:

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever

How long: About 2 weeks.

Immediate: Exhaustion following intestinal Hemorrhage

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Leigard D. Whitford.

Address: Fullerton, Md.

Accident or Suicide? +

PHYSICIAN OR CORONER

Entombment St Joseph's
Belair Road

Geo. W. Grammer
undertaker

[illegible]

Name in Full: Henry Dietz

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto

Date of death: 1906 Month: Dec Day: 30 — Years: 44 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Gardner — Where Residing if not at place of death: Fullerton

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Wilhelmena Pehman

Father's Name: Geo. Tobias Dietz — Father's Birthplace: Germany

Mother's Maiden Name: Johanna Lechner — Mother's Birthplace: "

Name of person giving information: George Dietz — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

92

CAUSES OF DEATH

Primary: Acute Bronchopneumonia — How long: 10 days

Immediate: Exhaustion — How long: '

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm D Coore

Address: Gardenville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Peter Joseph Doran

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: St Agnes Hospital. (Town) Baltimore (County)

Date of death: 1906 Month: Dec. Day: 21

Age: 62 Years — Months — Days —

Sex: Male

Color or Race: White

Birthplace: Ireland.

Occupation: Medical Doctor

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Mary Ann. Doran nee Callon.

Father's Name: John Doran

Father's Birthplace: Ireland

Mother's Maiden Name: Ann. Dowling.

Mother's Birthplace: "

Name of person giving information: Mary Doran

How related to deceased: Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris (40)

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Shaw

Address: St. Agnes Hospital.

Accident or Suicide?

Name in Full: Engelhard Domeier

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Canton (County): Baltimore

Date of death 1906 Month: Dec. Day: 19 Years: 78 Months: 2 Days: 25

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Laborer Where Residing if not at place of death: —

Married, Single or Widowed: Widowed Name of Wife or Husband: Louise Domeier

Father's Name: John Domeier Father's Birthplace: Germany

Mother's Maiden Name: Gertrude E. Horn Mother's Birthplace: Germany

Name of person giving In formation: Christina Jaeger How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Progressive Muscular Atrophy How long: One Year

Immediate: Insanition How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Brilliowy M.D.

Address: 1108 Chesapeake St

Accident or Suicide? No

PHYSICIAN OR CORONER

Mr Carmel
H. Sander Sons

Name in Full: Margaret Ellen Ebersole

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Freeland (~~Town~~) County: Baltimore

Date of death: 1906 Month: Dec. Day: 25 Age: Years 80 Months 6 Days 26

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of ~~Wife or~~ Husband: Josiah Ebersole

Father's Name: Elisha Jones Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Jones Mother's Birthplace: Maryland

Name of person giving information: Annie Wilhelm How related to deceased: Daughter

43

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Scirrhus Cancer of Breast How long: 7 Years

Immediate: Exhaustion. Heart Failure How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph E. Bacawin

Address: Freeland. R.F.D. #1 Baltimore Co. Md.

Accident or Suicide?

Name in Full: Alice Way Eger

CERTIFICATE OF DEATH

MARYLAND

Died at: Towson (Town) Baltimore (County)

Date of death: 1906 Month: Dec. Day: 3

Age: Years — Months: One Days: 8

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation: Infant

Where Residing if not at place of death: Towson

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name: Wm. Eger

Father's Birthplace: Germany

Mother's Maiden Name: Mary Kolluer

Mother's Birthplace: Md.

Name of person giving Information: Mrs Eger

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

151

CAUSES OF DEATH

Primary: Premature birth & Congenital debility — How long: 5 weeks

Immediate: Cardiac Asthenia — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Boyd Flynn Jun M.D.

Address: Towson Md

PHYSICIAN OR CORONER

~~Accident or Suicide?~~

John Burns' Sons

Prospect Hill

Dawson

Name in Full: August Elberth

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highlandtown — County: Baltimore

Date of death 1906 — Month: Dec. — Day: 30 — Years: 59 — Months: 3 — Days: 18

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Store Keeper — Where Residing if not at place of death: ——

Married, Single or Widowed: Married — Name of ~~Wife or Husband~~: Anna Ritzger

Father's Name: don't know — Father's Birthplace: Germany

Mother's Maiden Name: don't know — Mother's Birthplace: Germany

Name of person giving information: Joseph J. Elberth — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: — How long:

Immediate: Hemorrhage Apoplexy — How long: 4 5 min.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. Jno. Lanahan M.D.

Address: 618 S. Clinton St.

PHYSICIAN OR CORONER

~~Accident or Suicide?~~

LIBRARY BUREAU A58210

Sacred Heart Cemetery

Jan. 2nd 1907

Germanus Frame

Undertaker

Name in Full: Frances Ann Esfey.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catonsville; County: Baltimore

Date of death: 1906; Month: Dec; Day: 23; Age: Years: 70; Months: 6; Days: 20

Sex: female; Color or Race: white.; Birthplace: Md

Occupation: House wife.; Where Residing if not at place of death: Catonsville.

Married, Single or Widowed: Married; Name ~~of Wife or~~ Husband: Samuel B Esfey

Father's Name: Randolph Johnson; Father's Birthplace: Md

Mother's Maiden Name: ; Mother's Birthplace: Md

Name of person giving In formation: Wm C Esfey; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia (93); How long: 6 day

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B. West.

Address: Catonsville, Md.

Accident or Suicide?

Name in Full: Wm R. Fair

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt. Washington (Town) Baltimore (County)

Date of death: 1906 Month: Dec Day: 24 Years: 55 Months: 9 Days: 17

Sex: Male Color or Race: White Birthplace: Pa

Occupation: Lorman Where Residing if not at place of death: Mt Washington

Married, Single or Widowed: Married Name of Wife or ~~Husband~~: Bessie M. Fair

Father's Name: A. M. Fair Father's Birthplace: Pa

Mother's Maiden Name: Martha E Lirihy Mother's Birthplace: Pa

Name of person giving information: Bessie M. Fair How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 6 months

Immediate: Acute Irritation Throat How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J R Waitz M.D.

Address: 765 Bond St

Accident or Suicide? No

PHYSICIAN OR CORONER

A S Marshall
3539 Falls Road
Dec 27-06
Druid Ridge

Name in Full: Robert Fishpaugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Rogers Station (County) Baltimore

Date of death 1906 (Month) Dec (Day) 13 Age (Years) 76 (Months) (Days)

Sex: Male

Color or Race: White

Birthplace: Baltimore Co Md

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: widower

Name of Wife or Husband: Sarah J. Fishpaugh

Father's Name: Thomas Fishpaugh

Father's Birthplace: Baltimore Co Md

Mother's Maiden Name: Ann "

Mother's Birthplace: " " "

Name of person giving information: Laura Randal

How related to deceased: Daughter

CAUSES OF DEATH

154

PHYSICIAN OR CORONER

Primary: Senility

How long:

Immediate: General Debility

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Henry H. Taylor

Address: Pikesville Md.

Accident or Suicide? no

Name in Full: George E. French

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Delight — County: Balto

Date of death 1906 — Month: Dec — Day: 30 — Age: Years 78 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Balto. Cty. Md

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary R. French

Father's Name: Georg French — Father's Birthplace: Germany

Mother's Maiden Name: Catharine Haas — Mother's Birthplace:

Name of person giving In formation: Mary R French — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 3 yrs.

Immediate: Cerebral Hemorrhage — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H M Slade

Address: Reisterstown Md

Accident or Sulcide?

PHYSICIAN OR CORONER

Name in Full: John Christopher Gilfoy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Arlington County: Baltimore

Date of death 190 6 Month: 12 Day: 9 Age: Years — Months — Days: 4

Sex: Male Color or Race: White Birthplace: Arlington, Md.

Married, Single or Widowed: Single Occupation: —

Name of Wife or Husband: —

Father's Name: Thos. N. Gilfoy Father's Birthplace: Balt. Md.

Mother's Maiden Name: Elizabeth Bothoff Mother's Birthplace: Balt. Md.

Name of person giving information: Thos. N. Gilfoy How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth How long: 11

Immediate: Convulsions How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. F. Handsly

Address: 516 E. Baltimore Md

Accident or Suicide? —

Name in Full: Allen Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Catonsville — County: Balto

Date of death 1906 — Month: Dec — Day: 26 — Age: Years 69 — Months — Days

Sex: Male — Color or Race: Colld — Birthplace: Howard Co Md

Occupation: Labner — Where Residing if not at place of death: Winters in Catonsville

Married, Single or Widowed: Married — Name of Wife or Husband: Harriet Green.

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

162

PHYSICIAN OR CORONER

Primary: Suicide. — How long ——

Immediate: Being Crushed by Car of United Railway. — How long ——

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Henry B. Whitley Coroner

to the best of my knowledge — Address: Catonsville

Accident or Suicide?

LIBRARY BUREAU A8661G

Name in Full: Anna May Hall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Long Green — (County): Baltimore

Date of death: 1906 — Month: Dec. — Day: 22

Age: Years 2 — Months 4 — Days 18

Sex: Female — Color or Race: Colored — Birthplace: Balto. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles Hall — Father's Birthplace: Md.

Mother's Maiden Name: Ida Bond — Mother's Birthplace: "

Name of person giving information: Charles Hall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: one week

Immediate: " — How long: " "

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: John S. Green

Address: Gittings

Accident or ~~Suicide~~?

93

Name in Full: James R. Hand

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Spurrs Point. Town — Baltimore County

Date of death 190 6: Month Dec. Day 25 Age Years 4 Months 5 Days 20

Sex: Male Color or Race: White. Birthplace: Baltimore

Occupation: None Where Residing if not at place of death:

~~Married~~, Single or Widowed: Name of Wife or Husband:

Father's Name: Joseph H. Hand Father's Birthplace: Md.

Mother's Maiden Name: Carrie R. Bergemier Mother's Birthplace: Ohio

Name of person giving information: Joseph H. Hand How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Diphtheria How long: 24 hours

Immediate: Strangulation How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. E. Eldred

Address: Spurrs Point.

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Florence Agnes Harber-Vaughan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) West Roland Park (County) Baltimore

Date of death: Year 1906, Month Dec., Day 29

Age: Years 19, Months 2, Days 20

Sex: Female

Color or Race: White

Birthplace: England

Occupation: — None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: ~~George~~ Stephen Henry Harber

Father's Birthplace: England

Mother's Maiden Name: Lucy Jane Vaughan

Mother's Birthplace: "

Name of person giving information: Mrs. Lucy Jane Vaughan-Harber

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Splenic Anaemia (Endocarditis) 54 — How long: 2 years

Immediate: Hepatic Infarction — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. Gibson Porter

Address: Roland Park Md.

Accident or Suicide? No

Wm. E. Chenoweth & Son
Undertakers 919 Third Ave
Interment in St Mary's Hampden

Name in Full: Infant Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Corbett (Town) Balto (County)

Date of death: Month: Dec Day: 26 Years: Age Months: Days: 1h

Sex: — Color or Race: Black Birthplace: Corbett

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Sol. Brown Father's Birthplace: —

Mother's Maiden Name: Jennie Harris Mother's Birthplace: Balto

Name of person giving information: John Cheatham How related to deceased: Step-father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature Birth How long: —

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. R. Payne M.D.

Address: Corbett

Accident or Suicide?

PHYSICIAN OR CORONER

15

Name in Full: Annie D. Helbing

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Belleview (Town) — Baltimore (County)

Date of death 190 6 — Month: 12 — Day: 30 — Age: Years 54 — Months 1 — Days 14

Sex: Female — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Housework

Name of ~~Wife~~ or Husband: Chas Helbing

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Chas. Helbing — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 3 weeks

Immediate: Paralysis — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Joseph B. Wisbeth M.D. Rockeburg

Accident or Suicide?

Mt. Carmel Cemetery

J. Herwig & Son

2008 Orleans St.

1/2/07

Name in Full: Stillborn infant Hewes

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Lawson (City): Baltimore

Date of death: 1906 Month: 12 Day: 15

Years: Months: — Days: —

Age at birth

Sex: Male

Color or Race: White

Birthplace: Lawson

Occupation: None

Where Residing if not at place of death: —

~~Married~~, Single or Widowed: X

Name of Wife or Husband:

Father's Name: Chas K. Hewes

Father's Birthplace: Baltimore City

Mother's Maiden Name: Mary E. Brandenburg

Mother's Birthplace: Carroll Co

Name of person giving In formation: Chas K Hewes

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Died in Utero

How long: X

Immediate: Yes

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Massenburg

Address: Lawson

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full Madolin V. Hill

Certificate of Death

Town Calomville County Baltimore MARYLAND

Died at

Date 189 6 Month 12 Day -28 Age Y. 38 M. 7 D. 20 Native of Md. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Wm. A. Hill

Father's Name James Scott Mother's Name Ann J. Mooney

Cause of Death: Primary Tuberculosis of Lungs How long sick 4 months

Immediate Gangrene ~~Accident, Suicide, Homicide~~

Reported by Wm. A. Hill M.D.

Address 216 E. Lexington St Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Helen Hinder Sister Mary Victor

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Long Green County: Balto

Date of death: Month Dec. Day 4 1906

Age: Years 27 Months ___ Days ___

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: Sister of Charity Where Residing if not at place of death: ___

Married, Single or Widowed: Single Name of Wife or Husband: ___

Father's Name: Frederick Hinder Father's Birthplace: Germany

Mother's Maiden Name: Kate Fielding Mother's Birthplace: New York

Name of person giving information: Kate Hinder How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: Lagrippe How long: 3 mo.

Immediate: Phthisis Pulmonalis How long: one year or more.

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: John A. Green

Address: Gittings.

Accident ~~or Suicide?~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A8-9016

Name in Full: Mary. E. Hoffman

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Sutherville County: Balto.

Date of death 1906 Month: Dec. Day: 12 Age Years: 67 Months: — Days: —

Sex: Female Color or Race: white Birthplace: Balto. Co.

Occupation: House wife Where Residing if not at place of death: Sutherville

Married, ~~Single or Widowed~~: Married Name of Wife or Husband: Daniel Hoffman

Father's Name: John F. Sipe Father's Birthplace: Germany

Mother's Maiden Name: Ruth E. Frederick Mother's Birthplace: Germany

Name of person giving information: Mr. Christi How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Right Hemiplegia How long: 9 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Barney

Address: Ellicott

Accident or Suicide?

John Burns Sons
Tonson

Middle-town
M. E. Cemetery
Balto. Co.
Md.

Name in Full: William Hogarth

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Govanstown

County: Balto.

Date of death 1906 — Month: Dec. — Day: 19

Years: 0 — Months: 0 — ~~Days~~ 3 hours

Sex: Male

Color or Race: White

Birthplace: Govanstown

Occupation: Infant.

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: John L. Hogarth Jr.

Father's Birthplace: England

Mother's Maiden Name: Sarah E. Moreland.

Mother's Birthplace: Balto City

Name of person giving information: Jno L. Hogarth

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

151

Primary: Premature Labor 8th month. — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Moore MD

Address: Sta. H (Govans) Balto. Md.

~~Accident or Suicide?~~

H. C. Wiedifeld
914 Greenmount ave
Baltimore Md

St Marys Cemy
Govanstown

Name in Full: Clevie Holcomb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point | County: Baltimore

Date of death: 1906 | Month: Dec | Day: 30

Age: Years: 1 | Months: 9 | Days:

Sex: Female | Color or Race: Colored | Birthplace: Sparrows Point

Occupation: — | Where Residing if not at place of death: " "

~~Married~~, Single ~~or Widowed~~ | Name of Wife or Husband: —

Father's Name: Clem Holcomb | Father's Birthplace: Va

Mother's Maiden Name: Nannie Arine | Mother's Birthplace: Va

Name of person giving In formation: Nannie Holcomb | How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92

Primary: Broncho-Pneumonia | How long: 10 days

Immediate: exhaustion | How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. C. McCormick M.D.

Address: Sparrows Point Md

Accident or Suicide? no

PHYSICIAN OR CORONER

Name in Full: Holder Hughins

CERTIFICATE OF DEATH

MARYLAND

Died at: Kifer Park (Town) Middle River (County) Balto

Date of death 1906 Month: Dec Day: 20 Years: Age 52 Months: Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Carpenter Where Residing if not at place of death:

~~Married, Single or~~ Widowed ~~Name of Wife or Husband~~: Unknown

Father's Name: Unknown Father's Birthplace: Unknown

Mother's Maiden Name: Unknown Mother's Birthplace: Unknown

Name of person giving information: Charles Hughins How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes 79 How long:

Immediate: Heart Disease How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. A. Dunnigan

Address: 203 Foote St

Coroner

Accident or Suicide? Natural

PHYSICIAN OR CORONER

D. A. Dunnigan

McGinnis McCarroll
Balto. Md.

Name in Full: Joseph Isaacs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Summerfield (Town) Baltimore (County)

Date of death 1906	Month	Day	Years	Months	Days
	Dec.	29	Age 45	—	—

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Joseph Isaacs

Father's Birthplace: Maryland

Mother's Maiden Name: Susan Brookens

Mother's Birthplace: "

Name of person giving In formation: Wm. C. Bishop Col.

How related to deceased: none

CAUSES OF DEATH

120

Primary: Bright's Disease — How long: two years

Immediate: Uremic Anasarca — How long: 4 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. A. Green

Address: Gittings

Accident or Suicide? —

Name in Full: Hiram Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Canton (Town) Balto (County)

Date of death: Month 12, Day 1, 1906

Years: 43 Months: — Days:

Sex: Male

Color or Race: colored

Birthplace: Pa

Occupation: Laborer

Where Residing if not at place of death: —

~~Married~~, Single ~~or Widowed~~: Single

Name of Wife or Husband:

Father's Name: Samuel Jackson

Father's Birthplace: Pa

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving information: Mary E Duckett

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy (64) How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A L Warner MD

Address: 1120 Highland Ave

Accident or Suicide? no

Feb 4 B Pyle
1028 Hulbert St
Baltimore Md
Larrical Lunatic
Dec 4 1908.

Name in Full: Louis Jackson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Texas — County: Balto.

Date of death: Month 12 — Day 26 — 1906 — Age: Years 44 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace

Occupation: Laborer — Where Residing if not at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Eliza Jackson

Father's Name: Charles Jackson — Father's Birthplace: Frederick Co. Md.

Mother's Maiden Name: Maria Gray — Mother's Birthplace: Frederick Co. Md.

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: a week

105

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Thos. C. Bussey

Address: Texas Md.

Accident or Suicide?

Name in Full Infant - not - named - James

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Baldwin — County: Balto

Date of death	Month	Day	Years	Months	Days
1906	Dec	23	✓	✓	2

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

Father's Name: Jacob James — Father's Birthplace: Md

Mother's Maiden Name: Eliza — Mother's Birthplace: Md

Name of person giving In formation: Jacob James — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Vascular Insufficiency — How long: 2 Days

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? ✓

Signature of Physician: L. F. H. Gorsuch

Address: Forest Md

Accident or Suicide? ~~Accident or Suicide?~~

Name in Full: Alexander Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Catonsville		(County) Balto			
Date of death 1906	Month: Dec	Day: 11	Age: 75 years	Months: 6	Days: 17
Sex: Male	Color or Race: white		Birthplace: Rappahannock Co Virginia		
Occupation: Shoemaker		Where Residing if not at place of death:			
Married, Single or Widowed: Widower	Name of Wife or Husband: Martha Jenkins nee Peacher				
Father's Name: William Jenkins			Father's Birthplace: Rappahannock Co Va		
Mother's Maiden Name: Mildred Ransvotom			Mother's Birthplace: Va		
Name of person giving information: Benjamin F. Jenkins			How related to deceased: Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Overexertion and Stimulation — How long: 178

Immediate: Exhaustion, — How long: immediate

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Henry B. Whiteley Coroner

Address: Catonsville Md

Accident or Suicide?

Name in Full: Rachael Ann Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton; County: Baltimore

Date of death: 1906; Month: 12; Day: 5; Age: Years: 46; Months: 11; Days: 23

Sex: Female; Color or Race: Black; Birthplace: Md

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Nelson Jones

Father's Name: Robt Young; Father's Birthplace: Md

Mother's Maiden Name: Emily ii Don't Know; Mother's Birthplace: Md

Name of person giving information: Nelson Jones; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

19

Primary: Asthma; How long: 3 years about

Immediate: Heart failure; How long: Died Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: DR Morris

Address: Parkton Md

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8S316

Name in Full (Jones) Richard

JAN 01 1907

CERTIFICATE OF DEATH

JAN 10 1907

Died at Clearnsville Town, Bulto County, MARYLAND

Date of death 1906	Month Dec	Day 22	Age Years 48	Months	Days
Sex Male	Color or Race white		Birth-place Md		
Occupation Farmer		Where Residing if not at place of death X			
Married, Single or Widowed Single	Name of Wife or Husband X				
Father's Name X			Father's Birthplace X		
Mother's Maiden Name X			Mother's Birthplace X		
Name of person giving In formation X			How related to deceased X		

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

108

PHYSICIAN OR CORONER

Primary Dementia — How long 3 years.

Immediate Volvulus — How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician [illegible]

Address Clearnsville Md

Accident or Suicide? No

Name in Full: Mason E Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Glencoe (Town) Baltimore (County)

Date of death 1906 | Month: 12 | Day: 26 | Years: 18 | Months: 7 | Days: 16

Sex: male | Color or Race: colored | Birthplace: Cuba

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name: John H Jones | Father's Birthplace: Md

Mother's Maiden Name: Lussie E. Bolden | Mother's Birthplace: Md

Name of person giving In formation: John H Jones | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH 179

Primary: Mitral Incompetency following Rheumatism | How long

Immediate: Acute Dilatation | How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B M Thurmantine M.D.

Address: Glencoe Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Joseph P. Joyce

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Catonsville (County): Balto

Date of death 1906 Month: Dec Day: 11 Years: 2 Months: 7 Days:

Sex: Male Color or Race: Col'd Birthplace: Catonsville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Joseph Joyce Father's Birthplace: Md

Mother's Maiden Name: Estelle Crawford Mother's Birthplace: Md

Name of person giving information: Estelle Crawford How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Causes How long: about 1 week

Immediate: Probably Pneumonia How long:

92

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Henry B Whiteley Coroner

Address: Catonsville Md

Accident or Suicide?

Name in Full: Peter Kazhiere

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Owings Mills; County: Balto

Date of death 1906: Month: Dec; Day: 20; Age: Years: 82; Months; Days

Sex: Male; Color or Race: white; Birthplace: Germany

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: widower; Name of Wife or Husband: Christiana Kazhiere

Father's Name: Frederick Kazhiere; Father's Birthplace: Bremen Germany

Mother's Maiden Name: Kestner; Mother's Birthplace: Bremen Germany

Name of person giving In formation: Mrs Emma Simmons; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infirmities of old age; How long: about ten years

Immediate: Paralysis; How long: 48 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H H Campbell

Address: Owings Mills Md

Accident or Suicide?

PHYSICIAN OR CORONER

66

Name in Full: William Kennedy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Texas; County: Baltimore

Date of death 1906 Month: Dec. Day: 3 Years: 22 Months: Days:

Age: 22

Sex: Male

Color or Race: W-Lite

Birthplace: Texas Md.

Occupation: Student

Where Residing if not at place of death: Texas,

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Jno Kennedy

Father's Birthplace: Balto Co.

Mother's Maiden Name: Maggie Blue

Mother's Birthplace: Texas, Md

Name of person giving Information: Jno Fully

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis (2) How long: about 1 yr

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Bussey M.D.

Address: Texas Md.

Accident or Suicide?

St Joseph's Cemetery

Dec 6th 1906

H. C. Middleton

Name in Full: John Kilmeyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grange P.O. County: Baltimore

Date of death: Year 1906 Month Dec Day 4

Age: Years 40 Months Days

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Laborer Where Residing if not at place of death: Grange P.O.

Married, Single or Widowed: Married Name of Wife or Husband: Kate Kilmeyer

Father's Name: John Kilmeyer Sr Father's Birthplace: Germany

Mother's Maiden Name: Mrs. John Kilmeyer Mother's Birthplace: "

Name of person giving information: Wm Uhle How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

49

CAUSES OF DEATH

Primary: Natural Causes How long: 6 days.

Immediate: Heart Decease How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of ~~Physician~~: P. A. Dunnigan

Address: 203 Towne St

~~Accident or Suicide?~~ Natural

PHYSICIAN OR CORONER

P. A. Dunnigan Coroner

J. Herring & Son
St. Paul Minn
12/5/06

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Linwood Knight

Died at (Town): Sparrows Point (County): Baltimore

Date of death: Month: Dec. Day: 7th 1906

Age: Years: 22 Months: Days:

Sex: Male Color or Race: Col. Birthplace: Va

Occupation: Labor Where Residing if not at place of death: Sparrows Point

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Henry Knight Father's Birthplace: Va

Mother's Maiden Name: Maria Scott Mother's Birthplace: Va

Name of person giving In formation: Henry Knight How related to deceased: father

CAUSES OF DEATH

93

Primary: Pneumonia How long: 2 weeks

Immediate: Exhaustion How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. McCormick M.D.

Address: Sparrows Point Md.

Accident or Suicide? No

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Timothy James Leahy.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St Agnes Hospital (County) Baltimore.

Date of death	Month	Day	Years	Months	Days
1906	Dec	6	Age 24		—

Sex: Male. Color or Race: White. Birthplace: Balto. Md.

Occupation: None. Where Residing if not at place of death: —

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: Patrick Leahy. Father's Birthplace: Ireland.

Mother's Maiden Name: Mary McCauley. Mother's Birthplace: "

Name of person giving information: Mrs Cauley. Neelis. How related to deceased: Sister

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Phthisis Pulmonalis 2 years. How long?

Immediate: Six years. How long?

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J W Shaw

Address: St Agnes Hospital.

Accident or Suicide?

Name in Full: Alexia Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt Winans (Town) Balt. (County)

Date of death	Month	Day	Years	Months	Days
1906	12	8	Age 60	6	—

Sex: female | Color or Race: colored | Birthplace: Va. Co

Occupation: Housework | Where Residing if not at place of death: —

Married, Single or Widowed: married | Name of Wife or Husband: W. Lee

Father's Name: — | Father's Birthplace: —

Mother's Maiden Name: — | Mother's Birthplace: —

Name of person giving information: W. Lee | How related to deceased: husband

103

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis and Tumor | How long: 3 months

Immediate: Gastric ulcer | How long: 14 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. O. Hand

Address: Mt Winans

Accident or Suicide?

Name in Full: Harry Connor Lee

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) Balto (County)

Date of death 1906 — Month: Dec — Day: 31 — Years: 10 — Months: 6 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Balto Md

Occupation: — Where Residing if not at place of death: 3443 E Balto

Married, Single or Widowed — Name of Wife or Husband: Wm G Lee

Father's Name: Wm G Lee — Father's Birthplace: Balto Md

Mother's Maiden Name: Madie L Lee — Mother's Birthplace: " "

Name of parson giving In formation: Harry G Connor — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 3-4 days.

Immediate: Cardiac Paralysis — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C A Neer

Address: 619 Park Park Ave

Accident or Suicide? No

Name in Full: Leslie Henry R.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Catonsville (County): Balto.

Date of death: 1906 Month: Dec Day: 28 Age: Years: 65 Months: Days:

Sex: Male Color or Race: white Birthplace: Virginia.

Occupation: Collector. Where Residing if not at place of death: x

Married, Single or Widowed: Married Name of Wife or Husband: Margaret A Leslie

Father's Name: Henry Porter Leslie Father's Birthplace: Charleston, S.C.

Mother's Maiden Name: Helen Marion Grey Mother's Birthplace: Alexandria Va.

Name of person giving information: x How related to deceased: x

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Syf. Acute Mania How long: 7 yrs.

Immediate: Valvular Disease of Heart How long: 1 Mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Bis Wade.

Address: Catonsville Md.

Accident or Suicide? No.

Evans + Spence.

Name in Full: A. H. Lindsay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death 1906 (Month) Dec (Day) 8th (Years) Age 37 (Months) unknown (Days) unknown

Sex Male | Color or Race White | Birthplace Portsmouth Va "

Occupation Merchant | Where Residing if not at place of death

Married, ~~Single or Widowed~~ | Name of Wife or Husband unknown

Father's Name unknown | Father's Birthplace unknown

Mother's Maiden Name " | Mother's Birthplace "

Name of person giving In formation Recds Mt Hope Retreat | How related to deceased not at all -

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Melancholia - laping into Acute Mania | How long abt 3 mos -

Immediate Ex from Meningitis | How long abt 8 or 10 days -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery M.D.

Address Mt Hope Retreat Mt Hope Md -

Accident or Suicide?

Name in Full: Sister Mary Antonia McClelluskey

CERTIFICATE OF DEATH

MARYLAND

Died at: Mt. St. Jules Town: Catonsville County: Balto.

Date of death: 1906 Month: Dec Day: 28 Years: Age 69 Months: Days:

Sex: Female Color or Race: White Birthplace: County Donegal, Ireland

Occupation: Religious Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Patrick McClelluskey Father's Birthplace:

Mother's Maiden Name: Matilda Hafney Mother's Birthplace:

Name of person giving information: Mother Ignatia, Mt. St. Jules How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

101

CAUSES OF DEATH

Primary: Acute Phlegmonous Suppurative Diffuse Cellulitis How long: About 2 weeks

Immediate: Coma How long:

100

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Harold Mannion

Address: Dickeyville, Md.

Accident or Suicide?

Name in Full: Julian J. G. McShane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Irvington | County: Baltimore

Date of death: Month: 1906 December | Day: Tuesday 11th | Years: Age 37 | Months: Aug | Days: 29

Sex: Male | Color or Race: White | Birthplace: Baltimore Md

Occupation: Manufacture agent | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: ~~Hope Johns~~ Maria Johns

Father's Name: Henry McShane | Father's Birthplace: Rundalk Ireland

Mother's Maiden Name: Kate Denny | Mother's Birthplace: Baltimore Md

Name of person giving In formation: Alan P Smith | How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Locomotor Ataxia | How long: 6 years

Immediate: Cardiac Paralysis | How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry D Lahr MD

Address: Irvington

Accident or Suicide?

62

Name in Full: Amos Madden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): St Georges (County): Balto

Date of death 1906 Month: Dec Day: 3 Years: 65 Months: 2 Days:

Sex: Male Color or Race: Colored Birthplace: St Georges

Occupation: Laborer Where Residing if not at place of death: St George

Married, Single or Widowed: Widowed Name of Wife or Husband: Laura Brown

Father's Name: Samuel Madden Father's Birthplace: Unknown

Mother's Maiden Name: Dikes Mother's Birthplace: Carroll Co. Md.

Name of person giving Information: Malvina Thomas How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsy How long: 30 Years

Immediate: Cerebral hemorrhage How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M.D.

Address: Reisterstown Md.

~~Accident or Suicide~~?

Name in Full: Margaret A. Marlins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Sparrows Point (Town) — Bell (County)

Date of death: 1906 — Month: 12 — Day: 7 — Age: Years: 60 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Va.

Occupation: Wife — Where Residing if not at place of death: —

Married, Single or Widowed: M. — Name of Wife or Husband: H. C. Marlins

Father's Name: Jos Bell — Father's Birthplace: Va

Mother's Maiden Name: — Mother's Birthplace: Va

Name of person giving Information: W. H. Marlins — How related to deceased: Son

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 10 yrs

Immediate: Valvular Disease Heart — How long: 2 months/yrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Woodward MD

Address: Sparrows Point Md.

Accident or Suicide?

Name in Full: Menner

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Rossville		County: Baltimore			
Date of death 1906	Month: Dec	Day: 18	Age: Years	Months	Days
Sex: Male		Color or Race: White		Birthplace: Md	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name: Henry Menner				Father's Birthplace: Md	
Mother's Maiden Name: Mary Litsch				Mother's Birthplace: Md	
Name of person giving information: Henry Menner				How related to deceased: Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Birth	How long: —
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: C. Villa
	Address: Rossville
Accident or Suicide?	

Enterment St Joseph's
Cemt Belair Road
Geo. W. Grammer
undertaker

3/4

Name in Full: Harrie Catherine Meyers

CERTIFICATE OF DEATH

MARYLAND

Died at: Brooklandville (Town) Balto. (County)

Date of death 1906 Month: Dec. Day: 30 Years: 68 Months: — Days:

Sex: Female Color or Race: white Birthplace: Wertenberg Germany

Occupation: Domestic Where Residing if not at place of death: Brooklandville

~~Married, Single~~ or Widow: Widow Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Harrie Catherine Wolf Mother's Birthplace: Germany

Name of person giving In formation: Baldwin Meyers How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility How long:

Immediate: Apoplexy How long: 6 hours

64

Are the name, age, sex, color, date and place correctly given above? Y

Signature of Physician: Nathan R Smith

Address: Brooklandville

Accident or Suicide?

LIBRARY BUREAU A38816

John Burns Lore
Jones

Fork, M. E. Cemetery
Ballo. Co

Name in Full: William Monk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Highlandtown (Town) Balto (County)

Date of death: 1906 Month: Dec Day: 27

Years: 69 Months: Days:

Age

Sex: Male

Color or Race: White

Birthplace: Hartford Co Md

Occupation: Cooper

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Margaret Monk

Father's Name: William Monk

Father's Birthplace: Hartford Co

Mother's Maiden Name: Hannah Barnes Armstrong

Mother's Birthplace: " "

Name of person giving information: John M. Connor

How related to deceased: Nephew

CAUSES OF DEATH 95

PHYSICIAN OR CORONER

Primary: Heart Failure — How long:

Immediate: Pulmonary Edema — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Sudler

Address: 3640 E Balto St Highlandtown Md

Accident or Suicide? Accident

Name in Full: Chas Naumann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lauraville County: Balt

Date of death: 1906 Month: Dec Day: 1 Age: Years: 3 Months: 10 Days:

Sex: male Color or Race: white Birth-place: Balt

Occupation: Engraver Where Residing if not at place of death: Lauraville

Married, Single or Widowed: married Name of Wife or Husband: Almira G Hace

Father's Name: Fred Naumann Father's Birthplace: Germany

Mother's Maiden Name: Mary C Becker Mother's Birthplace:

Name of person giving information: G Fred Naumann How related to deceased: brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neoplasm prostate 74 How long: 2 months

Immediate: Insanity How long:

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician: Wm D Coxe

Address: Gardenville Md

Accident or Suicide?

Name in Full: John Necker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St Agnes Hospital (County) Baltimore

Date of death: Month Dec. Day 13 Years 1906 Age 47 Months — Days —

Sex: Male

Color or Race: white

Birthplace: Germany.

Occupation: At Piano Factory.

Where Residing if not at place of death:

Married, Single or Widowed: Married.

Name of Wife or Husband: Amelia (see Fischer) Necker

Father's Name: Fredrick Necker

Father's Birthplace: Germany.

Mother's Maiden Name: Rosa Rieth.

Mother's Birthplace: "

Name of person giving information: Deceased.

How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis. — How long: Two days.

Immediate: Septicemia — How long:

116

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. V. Shaw

Address: St Agnes Hospital

Accident or Suicide?

Name in Full: Martin O'Brien

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Balto. Co. County: Almshouse

Date of death 1906 | Month: 12 | Day: 20 | Years: Age about 75 yrs. | Months | Days

Sex: Male | Color or Race: White | Birthplace: Unknown

Occupation: Unknown | Where Residing if not at place of death

Married, Single or Widowed: Single | Name of Wife or Husband

Father's Name: Unknown | Father's Birthplace: Unknown

Mother's Maiden Name: Unknown | Mother's Birthplace: Unknown

Name of person giving information | How related to deceased

PHYSICIAN OR CORONER

CAUSES OF DEATH

64

Primary | How long

Immediate: Cerebral Paralysis | How long: about 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. C. Busey

Address: Texas Md.

Accident or Suicide?

Bunnie as St Joseph's

Name in Full: Blanche B Phelps

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Helena; County: Baltimore

Date of death: Month: Dec.; Day: 31; 1906

Age: Years: ; Months: 9; Days:

Sex: Male

Color or Race: White

Birthplace: St. Helena

Occupation: None

Where Residing if not at place of death:

~~Married~~, Single or Widowed:

Name of Wife or Husband:

Father's Name: Benj. Phelps

Father's Birthplace: Md

Mother's Maiden Name: Rhoe Jones

Mother's Birthplace: Md

Name of person giving Information: Mrs Rhoe Phelps

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 5 days

Immediate: Pneumonia

How long: 5 days

93

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Leland M. D.

Address: Spencerville Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: William H. Pittinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pleasant Hill; County: Balto

Date of death: Month: Dec; Day: 14; Year: 1906

Age: Years: 30; Months: —; Days: —

Sex: Male; Color or Race: white; Birthplace: Carroll Co. Md

Occupation: Labor; Where Residing if not at place of death: Penna

Married, Single or Widowed: Married; Name of Wife or Husband: Ellen Pittinger

Father's Name: Edmison Pittinger; Father's Birthplace: Frederick Co Md

Mother's Maiden Name: Amanda Seister; Mother's Birthplace: Carroll Co Md

Name of person giving In formation: Asaron Pittinger; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 5 days

Immediate: ; How long:

93

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: B. M. Leake

Address: Reisterstown

Accident or Suicide?

Name in Full: Joseph Pokorny

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton County: Balto

Date of death 1906 Month: Dec. Day: 23 Years: Age 36 Months: 8 Days: 20

Sex: Male Color or Race: White Birthplace: Bohemia

Occupation: Hotel Proprietor Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Barbara Pleza

Father's Name: John Pokorny Father's Birthplace: Bohemia

Mother's Maiden Name: Mary Petkarek Mother's Birthplace: Bohemia

Name of person giving In formation: Mrs. Pokorny How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

104

CAUSES OF DEATH

Primary: Hemorrhages from Stomach How long: 27 Hours

Immediate: Failure of Vital Forces How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? To best of my knowledge

Signature of Physician: Lingard S. Whitford

Address: Fullerton, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Bohemian National

Name in Full: Sarah Powell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Philopolis — County: Balto.

Date of death: 1906 — Month: 12 — Day: 12 — Age: Years 72 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Housework — Where Residing if not at place of death: Philopolis

~~Married, Single~~ or Widowed: Widowed — Name of ~~Wife or~~ Husband: Isaac Powell.

Father's Name: Asa Stevenson — Father's Birthplace: Md.

Mother's Maiden Name: Hopper — Mother's Birthplace: Md

Name of person giving information: Wesley Powell — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Endocarditis — How long: 3 mos.

Immediate: Aesthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wilmer C. Ensor.

Address: Cockeysville Md.

Accident or Suicide?

47

Funeral at Steventon
Chapple Friday Dec 14th

W. C Brookes

Name in Full: Mrs. Sarah W. Prime

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govanstown — County: Balto. Co.

Date of death: Month: Dec. — Day: 7 — 1906

Age: Years: 73 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: —

Where Residing if not at place of death: 418 Harford Rd.

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Wm. T. Prime

Father's Name: Thomas Clemmens — Father's Birthplace: Wash. D. C.

Mother's Maiden Name: Do not know. — Mother's Birthplace: Do. not Know

Name of person giving information: Mrs. Edw. C. Bernasco — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: 2 or 3 yrs

Immediate: Cerebral Hemorrhage — How long: Suddenly.

64

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. H. Boehning

Address: Govanstown Balto Md

Accident or Suicide? —

Grave.

Washington D. C.

Henry W. Meers and Son

Name in Full: James Milton Reed

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Arlington — County: Baltimore

Date of death 1906 — Month: Dec. — Day: 15th — Age: Years 56 — Months 3 — Days

Sex: Male — Color or Race: White — Birthplace: Balto. Co.

Occupation: Stone Mason — Where Residing if not at place of death: Dickeyville.

Married, Single or Widowed: Married — Name of Wife or Husband: Susannah

Father's Name: James Reed — Father's Birthplace: Md

Mother's Maiden Name: Susan Smith — Mother's Birthplace: Md

Name of person giving In formation: Wm. E. Bell, — How related to deceased: Son-in-law

CAUSES OF DEATH

166

PHYSICIAN OR CORONER

Primary: Struck by electric car. — How long

Immediate: fracture of skull — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Coroner: H. Holliday Enich

Address: Arlington, Md.

Accident or Suicide? Accident

Woodlawn Cem
Dec 17 1906.
Jos B Cook

Name in Full: Emma P. Reichert

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyde County: Balto.

Date of death: Month: Oct Day: 11th 1906

Age: Years: 28 Months: 8 Days: 5

Sex: Female Color or Race: White Birthplace: Md.

Occupation: —— Where Residing if not at place of death: ——

Married, ~~Single or Widowed~~ Name of ~~Wife or~~ Husband: Daniel Reichert

Father's Name: Ambrose Hauslipe Father's Birthplace: Md

Mother's Maiden Name: Anna E. Gordon Mother's Birthplace: Md.

Name of person giving information: Daniel Richart How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral hemorrhage How long: one week

64

Immediate: Paralysis How long: " "

Are the name, age, sex, color, date and place correctly given above? ——

Signature of Physician: John S. Green-

Address: Gittings

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

Name In Full: Conrad Repp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Calverton (County) Balto

Date of death 1906 (Month) Dec (Day) 16 Age (Years) 76 (Months) 9 (Days) 6

Sex: Male Color or Race: White Birthplace: Germany

Occupation: Farmer Where Residing if not at place of death:

~~Married, Single~~ or Widowed Name of Wife or Husband: Margaret Seifert

Father's Name: Johannes Repp Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Schaeffer Mother's Birthplace: "

Name of person giving In formation: Adam Repp How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ch Interstitial Nephritis How long: 3 yrs

Immediate: Uraemic Coma How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr C L Wolfelett

Address: Calverton Md

Accident or Suicide?

20

Name in Full: Henry Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westport — County: Balto

Date of death 1906 — Month: 12 — Day: 3 — Years: 45 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto Md

Occupation: Laborer — Where Residing if not at place of death: Hillbrill Balto Co

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jesse Robertson — Father's Birthplace: Md

Mother's Maiden Name: Caroline Deemberger — Mother's Birthplace: Balto

Name of person giving Information: David Robertson — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Apoplexy of the Brain — How long: Immediate

Immediate: — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gust. W. Miller (Coroner)

Address: 701 Windsor

Balto Co Md.

Accident or Suicide? Natural Cause

Bell. Carey.

Nick. Finch

Name in Full: Florence Isabel Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Brooklandville — (County): Baltimore

Date of death 1906 — Month: Dec. — Day: 23

Age — Years: — Months: — Days: Five days

Sex: Female — Color or Race: White — Birthplace: Brooklandville Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James R. Robinson — Father's Birthplace: Pa

Mother's Maiden Name: Maude E. Lee — Mother's Birthplace: Pa

Name of person giving information: Maude E. Lee — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

109

Primary: — How long: —

Immediate: Spontaneous Hemorrhage from lungs — How long: Forty Eight hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: William L. Dwinite

Address: Rider, Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

John Burns Sons
Tongou

Mt Zion Cem
Freelandsville Sta
Balto.
Co

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Name in Full: Ernestine Ruff

Died at (Town): near Owings mills (County): Balto

Date of death: 1906 (Month): Dec (Day): 21 Age (Years): 75 (Months): (Days):

Sex: Female Color or Race: white Birthplace: Germany

Occupation: House wife Where Residing if not at place of death:

Married, Single or Widowed: widow Name of Wife or Husband: Jacob F. Ruff

Father's Name: Beck Father's Birthplace: Germany

Mother's Maiden Name: Ernestine Beck Mother's Birthplace: Germany

Name of person giving information: Mary Shelley How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile debility How long: several yr

Immediate: Heart disease How long: dont know

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician: W. E. [illegible]

Address: Pikesville Md

Accident or Suicide?

E. D. Selby —
Dr Thomas J Pa

Name in Full: James Ryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Mt. Washington — Town; Baltimore — County

Date of death: 1906 Dec 10th — Month, Day

Age: 63 Years; — Months; — Days

Sex: Male

Color or Race: white Irish

Birthplace: Ireland

Occupation: none

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband: Annie Ryan

Father's Name: Wm Ryan

Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Ryan

Mother's Birthplace: Ireland

Name of person giving information: S. Roche

How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accident — How long:

Immediate: Struck by locomotive — How long: Instantly.

166

Are the name, age, sex, color, date and place correctly given above? yes

Signature of ~~Physician~~ Coroner: H. Holliday Emich

Address: Arlington, Md.

Accident or Suicide? Accident

Martin Fahey & Sons

For burial

St Mary's Cemetery

Gorranstown

Name in Full: Margaret A. Ryan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Canton

County: Baltimore

Date of death: 1906 Month: Dec Day: 14

Age: Years: Months: 4 Days: 2

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: None

Where Residing if not at place of death: 312 First St

~~Married, Single or Widowed~~

Name of Wife or Husband: ~~Patrick P. Ryan~~

Father's Name: Patrick P. Ryan

Father's Birthplace: Ireland

Mother's Maiden Name: Barbara Hoffnagle

Mother's Birthplace: Md

Name of person giving information: Patrick P Ryan

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus

How long: 2 mts

179

Immediate: Jaundice

How long: a few days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Burke M.D.

Address: 218 O'Donnell St

Accident or Suicide?

Crowley Bros
Undertakers
25 N. Fulton Ave

Holy Cross Cemetery

Name in Full Lotta Schenkel.

CERTIFICATE OF DEATH

MARYLAND

Died at Bay View Asylum (Town) Baltimore (County)

Date of death 1906 Month Dec. Day 18th Years Age 22 Months — Days —

Sex Female. Color or Race White Birthplace

Occupation Nurse Where Residing if not at place of death Bay View Asylum

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Lenord Schenkel Father's Birthplace Baltimore City

Mother's Maiden Name Louisa Myers. Mother's Birthplace New York

Name of person giving information Lamar Holly day How related to deceased None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Carbolic Acid Poisoning How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician Coroner David Thompson

Address 1500 Highland Ave

Baltimore County Md.

Accident or Suicide? Suicide

PHYSICIAN OR CORONER

175

Name in Full: Infant Schoolden

CERTIFICATE OF DEATH

MARYLAND

Died at: Sandy Sidepark (Town) Balt. (County)

Date of death: 1906 Month: Dec Day: 27

Age: Years — Months: 1 Days: 14

Sex: male

Color or Race: white

Birthplace: Sandy Sidepark

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: infant

Name of Wife or Husband: —

Father's Name: Thomas W Schoolden

Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Taylor

Mother's Birthplace: Jersey.

Name of person giving information: Justice Schoolden

How related to deceased: cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congenital Debility — How long: 6 weeks.

Immediate: Atrophia — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: R V Glenn

Address: not woman

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Frederick Schlimm 12/B.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Denis; County: Baltimore

Date of death 1906: Month: Dec; Day: 10; Age: Years: 36; Months: ; Days: ;

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Track Hand; Where Residing if not at place of death: St Denis

Married, ~~Single~~ or Widowed; Name of Wife or Husband: Anna Schlimm

Father's Name: Unknown; Father's Birthplace: Germany

Mother's Maiden Name: Wilhelmina Schlimm; Mother's Birthplace: Germany

Name of person giving Information; How related to deceased:

CAUSES OF DEATH 166

PHYSICIAN OR CORONER

Primary; How long

Immediate: Accidental, struck by train instantly killed; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Coroner: Robt G Clarke

Address: St Denis Md

Accident or Suicide?

Name in Full: Martha Rebecca Scott

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Cockeysville — (County): Balto

Date of death 1906 — Month: Dec — Day: 14 — Age: Years 51 — Months 10 — Days 5

Sex: Female — Color or Race: White — Birthplace: Philopolis

Occupation: Housewife — Where Residing if not at place of death: at place of death

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Frank Gist Scott

Father's Name: Joseph Busby — Father's Birthplace: Baltimore

Mother's Maiden Name: Martha Goosuck — Mother's Birthplace: Corona Md

Name of person giving information: Philena Scott — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of stomach — How long: 10 months

Immediate: Inanition — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. F. Benson

Address: Cockeysville Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Interment at Black
Cemetery Dec 18th -06
W. C. Brooks

Name in Full: Carl Seeger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highland — County: Balto

Date of death 1906	Month	Day	Years	Months	Days
	12	1	Age 74	10	

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Shoemaker — Where Residing if not at place of death: 1128 Highland

Married, Single or Widowed: Widower — Name of Wife or Husband: Dorothy Seeger

Father's Name: Carl Seeger — Father's Birthplace: Germany

Mother's Maiden Name: Unknown — Mother's Birthplace: Germany

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: apoplexy — How long

Immediate — How long

64

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. S. Warner M.D.

Address: 1120 Highland Ave

Accident or Suicide? no

Christian Miller
2334 Jefferson st
Jarusalem Cemetary

Name in Full: Not named Seidel

CERTIFICATE OF DEATH

MARYLAND

Died at: Perry Hall (Town) — Baltimore (County)

Date of death 1906 — Month: 12 — Day: 29

Age — Years: — Months: — Days: 1½

Sex: Male — Color or Race: White — Birthplace: Perry Hall

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Bartholomew Seidel — Father's Birthplace: Perry Hall

Mother's Maiden Name: Mary Sholl — Mother's Birthplace: Baltimore

Name of person giving In formation: Bartholomew Seidel — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: — How long: —

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Mm T. G. Whitford

Address: Parkville, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Cora E. Severe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans | County: Balto

Date of death: Month: 12 | Day: 10 | 1906

Age: Years: | Months: 6. | Days: 16

Sex: Female | Color or Race: White | Birthplace: Mt Winans

Occupation: X | Where Residing if not at place of death: Mt Winans

~~Married, Single or Widowed~~ | Name of Wife or Husband:

Father's Name: Edw. W. Severe | Father's Birthplace: Balto

Mother's Maiden Name: Mettie E. M. Franklin | Mother's Birthplace: Balto

Name of person giving In formation: Edw W. Severe | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition | How long: 3 mo

Immediate: Exhaustion | How long:

179

Are the name, age, sex, color, date and place correctly given above? No

Signature of Physician: T. B. Hall

Address: Mt Winans

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Dorothea Elizabeth Shepperd

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monkton; County: Baltimore

Date of death 1906: Month: Dec; Day: 17

Age: Years: ; Months: 4; Days: 2

Sex: Female; Color or Race: White; Birthplace: Monkton Md.

Married, Single or Widowed: ; Occupation: ;

Name of Wife or Husband: ;

Father's Name: William D. Shepperd; Father's Birthplace: Balto. Co.

Mother's Maiden Name: Mary A Watson; Mother's Birthplace: Baltimore

Name of person giving information: Mary A. Shepperd; How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus. (179); How long: Two months

Immediate: Heart Failure; How long: about one hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Monkton. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Charles Elder Shipley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Garrison — County: Baltimore

Date of death 1906: Month: Dec — Day: 29 — Years: 33 — Months: — — Days: — —

Sex: Male — Color or Race: White — Birthplace: Garrison

Occupation: Farmer — Where Residing if not at place of death: "

~~Married, or Widowed~~ Single: Single — Name of Wife or Husband: —

Father's Name: William H. Shipley — Father's Birthplace: Baltimore Co

Mother's Maiden Name: Frances M Elder — Mother's Birthplace: Green Spring

Name of person giving information: Mr J. Spencer Jr — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Liver — How long: about 4 years

Immediate: Cerotinitis — How long: about 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H Campbell

Address: Owings Mills, Md

Accident or Suicide?

Undertaker

Henry. W. Gentlin Sons. Co.

233 West Saratoga St

Place of Burial

St Thomas - Cem"

Garrison Forest

Baltimore County Md

Name in Full: James E Simmons

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown (Town) — Balto (County)

Date of death: 1906 Dec. 27

Age: Years — Months: 6 — Days: 28

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: None

Where Residing if not at place of death: 725 Eastern Ave.

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Joseph Simmons

Father's Birthplace: Balto.

Mother's Maiden Name: Lula O'Connor

Mother's Birthplace: Md.

Name of person giving information: Jos. D. Simmons

How related to deceased: Father

CAUSES OF DEATH

Primary: Bronch. Pneumonia — How long: 6 days

Immediate: Toxemia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. J. McAvoy MD

Address: 836 S. Canton St.

Accident or Suicide?

92

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full

Certificate of Death

Daniel Smith

Town: Hoffmanville

County: Baltimore

Died at Hoffmanville — Baltimore — MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1906	12	2	75	8	15	Md	Farmer

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 8

Husband / Wife of Margaret Smith

Father's Name: John Smith

Mother's Name: Katie Smith

Cause of Death — Primary: 179

Immediate: Heart Failure

How long sick: about 1 hr

Accident, Suicide, Homicide

Reported by: D. McRush, M.D.

Address: Beckleysville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: Henry A. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Helena. County: Balto

Date of death: Month: Dec 1906 Day: 11 Years: 59. Months: Days:

Age: 59.

Sex: Male Color or Race: white Birth-place: Md

Occupation: Foreman Where Residing if not at place of death: 7. First Ave

Married, Single or Widowed: Married Name of Wife or Husband: Elizabeth Smith

Father's Name: Philip Smith Father's Birthplace: ~~Md.~~ Ger

Mother's Maiden Name: Elizabeth Smith Mother's Birthplace: Md

Name of person giving information: Chas. Smith How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

166

Primary: Shooting How long

Immediate: Hemorrhage How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of ~~Physician~~ P. A. Dunnigan

Address: Coroner 203 Toone St.

Accident or Suicide? Accident

~~PHYSICIAN~~ OR CORONER P. A. Dunnigan

Mr Carmel
H Sanderson.

Name in Full [redacted]ard E. Smith

CERTIFICATE OF DEATH

MARYLAND

Place 205 Pratt St. Highlandtown Town Balto. County

Date of death 1906 Month 12 Day 10 Age Years 23 Months 7 Days 5

TO BE ANSWERED BY NEAREST FRIEND

Sex Male Color or Race White Birthplace Balto. Co.

Occupation Pipe Fitter Where Residing if not at place of death Highlandtown

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Chas. L. Smith Father's Birthplace Balto Co.

Mother's Maiden Name Emma Engor Mother's Birthplace Balto City.

Name of person giving information Chas. L. Smith How related to deceased Father

CAUSES OF DEATH

174

PHYSICIAN OR CORONER

Primary Operation for hemorrhoids How long 15 minutes,

Immediate Paralysis of heart, due to anesthesia How long 15 minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Accident or Suicide?

Oak Lawn

Name in Full: Mary Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Granite (Town) — Baltimore (County)

Date of death: 1906 — Month: 12 — Day: 28

Age: Years: 34 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Granite

Occupation: Housewife — Where Residing if not at place of death: Same

Married, Single or Widowed: married — Name of Wife or Husband: Frank Smith

Father's Name: Urias Johnson — Father's Birthplace: Granite

Mother's Maiden Name: Martha Fluchen — Mother's Birthplace: Granite

Name of person giving information: Frank Smith — How related to deceased: Husband

104

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed Acute Indegestion — How long: Several hours

Immediate: Heart failure — How long: Several hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John T. Isaac (Coroner)

Address: Granite Md.

~~Accident or Suicide?~~

Name in Full: Nathaniel Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oregon; County: Baltimore

Date of death 1906: Month: Dec; Day: 3; Age: Years: 60; Months: 0; Days: 0

Sex: Male; Color or Race: White; Birthplace: Lindenfield, Pa

Occupation: Painter; Where Residing if not at place of death: Oregon, Balto. Co. Md

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William Smith; Father's Birthplace: Pa

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving information: Brother George Smith; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Epilepsy; How long: 2 days

Immediate: Cerebral Hemorrhage; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. J. E. Benson

Address: Cockeysville Md

Accident or Suicide?

PHYSICIAN OR CORONER

To be buried by
Ensor and Price
at Posters sem.

Name in Full: Rosa Spurrier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ashland — County: Balto.

Date of death: 1906 — Month: 12 — Day: 6 — Age: Years 32 — Months 11 — Days 23

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: Ashland Md.

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: Grafton Spurrier

Father's Name: Stephen T. Freeland — Father's Birthplace: Md

Mother's Maiden Name: Mary L. Shank — Mother's Birthplace: Md.

Name of person giving In formation: Grafton Spurrier — How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis Endocardit — How long: 2 yrs.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Milmer C. Ensor M.D.

Address: Cockeysville Md.

~~Accident or Suicide?~~

Interment Wisebury
Sunday dec 9th

Wm C Brooks

Name in Full: Darius Mansbury

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Mt Hope Retreat (County) Baltimore

Date of death 1906 Month Dec Day 2nd Age Years 80 Months unknown Days unknown

Sex Male Color or Race White Birthplace Baltimore

Occupation None Where Residing if not at place of death Baltimore

Married, ~~Single~~ or Widowed Name of Wife or Husband unknown

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name " Mother's Birthplace "

Name of person giving In formation Recds Mt Hope Retreat How related to deceased not at all

68

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Terminal Dementia Post Scu - Trauma How long abt 5 or 6 yrs

Immediate Exhaustion How long Months 3 or 4 -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery M.D.

Address Mt Hope Retreat Baltimore Co Md -

Accident or Suicide?

68

Name in Full: Sarah F. Slansbury

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Balto.

Date of death 1906: Month: Dec; Day: 7; Age: Years: 32; Months: 2; Days: 23

Sex: Female; Color or Race: white; Birthplace: Balto Co

Occupation: Housewife; Where Residing if not at place of death: Pikesville Md

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Carroll E. Slansbury

Father's Name: Wm Brooks; Father's Birthplace: Balto Co

Mother's Maiden Name: Sarah E. Fishpaw; Mother's Birthplace: " "

Name of person giving information: Carroll E. Slansbury; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pertussis; How long: 90 days

Immediate: Coma (uremic heart); How long: 16 hrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Henry Russell M.D.

Address: West Arlington Md.

Accident or Suicide?

PHYSICIAN OR CORONER

A S Marshall
3539 Falls Road
Druid Ridge
Dec 10 —

Name in Full: Mrs. Sarah Jane Stewart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Relay — Town

County: Baltimore

Date of death 190: Month: Dec. — Day: 15

Age: Years: 58 — Months: 9 — Days: 25

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House wife

Where Residing if not at place of death: —

~~Married, Single~~ or Widowed

Name of ~~Wife or~~ Husband: Columbus J. Stewart

Father's Name: James E. Crangle

Father's Birthplace: Md.

Mother's Maiden Name: Julia A. Sanks

Mother's Birthplace: Md.

Name of person giving information: James Stewart

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of liver & stomach — How long: about 3 years

Immediate: Exhaustion — How long: 2 or 3 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Eareckson

Address: Elk Ridge, Md.

~~Accident or Suicide~~?

Burial at Loudon Park
Dec 18th 1906

Name in Full: Henry Teipe (Teipe)

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Arbutus County: Baltimore Co

Date of death 1906 Month: Dec Day: 22 Age Years: 75 Months: — Days: —

Sex: male Color or Race: white Birthplace: Germany

Occupation: farmer Where Residing if not at place of death: near Arbutus Baltimore

Married, Single or Widowed: single Name of Wife or Husband: —

Father's Name: Unknown Father's Birthplace: Germany

Mother's Maiden Name: Unknown Mother's Birthplace: Germany

Name of person giving In formation: Isabella Teipe How related to deceased: wife of his nephew

64

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: arterio-sclerosis with debility of age How long: many years duration

Immediate: apoplectic convulsion followed by coma How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co. Md.

Accident or Suicide? no

PHYSICIAN OR CORONER

Jos. B. Coats

New Cathedral Cemetery

Name in Full: Stewart Aubrey Ladd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Cockeysville (Town) Balt (County)

Date of death 1906 Month: Dec Day: 10 Years: 40 Months: 11 Days: 10

Sex: Male Color or Race: White (Am) Birthplace: Mrs(?) Baltimore Md

Occupation: Clerk Where Residing if not at place of death: —

Married, Single or Widowed: Single ~~Name of~~ Wife or Husband:

Father's Name: John G Ladd Father's Birthplace: Salem Mass

Mother's Maiden Name: Isabella Stewart Mother's Birthplace: Baltimore Md

Name of person giving information: John W. Ladd How related to deceased: Brother

CAUSES OF DEATH

106

PHYSICIAN OR CORONER

Primary: Gastro Enteritis How long: 18 Months

Immediate: Peritonitis (Acutis) How long: 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. R. Barnes

Address: Cockeysville Md

~~Accident or Suicide?~~

is this Ladd / Gadd?

Name In Full: Patrick A. Tracy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Mt Hope Retreat — County: Baltimore

Date of death: 1906 — Month: Dec — Day: 1st — Years: 63 — Months: unknown — Days: unknown

Sex: Male — Color or Race: White — Birthplace: Ireland -

Occupation: Clergyman — Where Residing if not at place of death: Phila - Pa

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving information: Reeds Mt Hope Retreat — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epilepsie Mania - (69) — How long: 30 to year -

Immediate: Status Epilepticus - — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank J. Flannery M.D.

Address: Mt Hope Retreat Baltimore Co Md -

~~Accident or Suicide?~~

Name in Full: Eva Trusch

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Canton — County: Baltimore

Date of death: 1906 — Month: Dec — Day: 4 — Age: Years 41 — Months 9 — Days —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housework — Where Residing if not at place of death: ——

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Joseph Trusch

Father's Name: Eshard Kloppenberg — Father's Birthplace: Germany

Mother's Maiden Name: Sophia Konneman — Mother's Birthplace: Germany

Name of person giving Information: Joseph Trusch — How related to deceased: husband

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Acute Catharrhal Appendicitis — How long: 4 days.

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Herman Guering M.D.

Address: 1932 Eutaw Ave.

Accident or Suicide? ——

118

Mount Carmel Cemetery

Dec. 7th 1906

Germanus Franco

Underlaten

Name in Full: Edward Tully

CERTIFICATE OF DEATH

MARYLAND

Died at: St Agnes Hospital (Town) — Baltimore (County)

Date of death: 1906 — Month: Dec — Day: 6 — Years: 30 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto, Md.

Occupation: Can Maker — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Patrick Tully — Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Cockran — Mother's Birthplace: "

Name of person giving information: Mrs Kate Tully — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 2 years.

Immediate: Hemorrhage — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. H. Shaw.

Address: St Agnes' Hospital

Accident or Suicide? —

PHYSICIAN OR CORONER

2

Name in Full: Benjiman S Uppuco

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Fowblesburg County: Balto

Date of death 1906 Month: Dec Day: 12 Age Years: 83 Months: — Days: —

Sex: Male Color or Race: white Birthplace: Balto Co Md

Occupation: Farmer Where Residing if not at place of death: —

Married, Single or Widowed: widower Name of Wife or Husband: Leoma Uppuco

Father's Name: Jacob Uppuco Father's Birthplace: Balto Co Md

Mother's Maiden Name: Elizabeth Stockesdale Mother's Birthplace: Balto Co Md

Name of person giving information: Jacob Uppuco How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe How long: 10

Immediate: Pneumonia How long: about 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas A Wilson

Address: Fowblesburg Md

Jas A Wilson

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Waltemeyer

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Westport

County: Balto

Date of death: Month 12, Day 7, 1906

Age: Years; Months; Days 4

Sex: Female

Color or Race: White

Birthplace: Westport

Occupation:

Where Residing if not at place of death: Westport

Married, ~~Single or Widowed~~:

Name of Wife or Husband:

Father's Name: Kenly Waltemeyer

Father's Birthplace: Md

Mother's Maiden Name: Lena Arnold

Mother's Birthplace: Md

Name of person giving In formation: Christopher Waltemeyer

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

1907

Primary: Hemorrhage of bowels

How long: 2 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Z B Hall

Address: Mt Winans

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

Name in Full: William Waters

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Sparrows Point (County): Baltimore

Date of death: 1906 Month: Dec Day: 27th Years: Age about 45 Months: Days:

Sex: Male Color or Race: White Birthplace: —

Occupation: — Where Residing if not at place of death: Highlandtown Md.

Married, ~~Single or Widowed~~ Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Mrs Melia. How related to deceased: Boarding house Mistress

CAUSES OF DEATH

56

PHYSICIAN OR CORONER

Primary: Acute Alcoholism How long: Several days

Immediate: Cerebral Congestion How long: 2 or 3 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. E. McCormick M.D.

Address: Sparrows Point Md.

Accident or Suicide? No

LIBRARY BUREAU A68616

Name in Full: Barbara Weinbeck

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Canton County: Baltimore

Date of death 1906 Month: Dec. Day: 26th Age: Years 80 Months 2 Days 11

Sex: Female Color or Race: White Birthplace: Germany

Occupation: Housework Where Residing if not at place of death: ——

Married, Single or Widowed: Widow Name of Wife ~~or Husband~~: Lorenz Weinbeck

Father's Name: don't know Father's Birthplace: Germany

Mother's Maiden Name: don't know Mother's Birthplace: Germany

Name of person giving Information: George Weinbeck How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Senility How long

Immediate: Exhaustion How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. N. Athey

Address: 2 Herbert St

Accident or Suicide?

Sacred Heart Cemetery

Dec. 29th 1906

Germanus Franco

Undertaker

Name in Full: William George Weld

CERTIFICATE OF DEATH

MARYLAND

Died at: Sheppard & Enoch Pratt Hospital, Towson, Md. — Town: Towson — County: Balto

Date of death 1906: Month: Dec — Day: 30 — Age: Years 50 — Months: 9 mos — Days: 8

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Attorney — Where Residing if not at place of death: Baltimore

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Clemence Garnegan (Weld)

Father's Name: Archer Thomas Weld — Father's Birthplace: Eng

Mother's Maiden Name: Mary E Read — Mother's Birthplace: Pennsylvania

Name of person giving information: E S Bunch — How related to deceased: In hospital 2 yrs. 4 mos

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

19

Primary: Arterio Sclerosis — How long: ✓

Immediate: Myo-Carditis — How long: Instantaneous

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E S Bunch

Address: THE SHEPPARD & ENOCH PRATT HOSPITAL, Towson

~~Accident or Suicide?~~

Place of burial New Cathedral Cem

1 by W. Jenkins & Sons Co.

Name in Full: Margaret F. Wildermuth

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 1906 — Month: Dec. — Day: 13 — Age: Years 76 — Months 1 — Days 2

Sex: Female — Color or Race: White — Birth-place: Germany

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of ~~Wife~~ or Husband: William Wildermuth

Father's Name: Not Known — Father's Birthplace: Not Known

Mother's Maiden Name: Not Known — Mother's Birthplace: Not Known

Name of person giving In formation: Albert Merklein — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long: 1 year

Immediate: Asthenia — How long: 3 hours

Are tha name, age, sex, color, date and placa correctly given above? Yes.

Signature of Physician: Jas. L. Ewan M.D.

Address: 3 and Gough Highland Town

Accident or Suicide? No

PHYSICIAN OR CORONER

154

Name in Full: Mary A. Wilhelm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Lystra (Town) Baltimore (County)

Date of death: 1906 | Month: 12 | Day: 31 | Years: 28 | Months: — | Days: —

Sex: Female | Color or Race: White | Birthplace: Balto. Co

Occupation: House Wife | Where Residing if not at place of death: Lystra

Married, Single or Widowed: Married | Name of Wife or ~~Husband~~: Upton Wilhelm

Father's Name: Eli Bull | Father's Birthplace: Md

Mother's Maiden Name: Lena Bush | Mother's Birthplace:

Name of person giving In formation: Upton Wilhelm | How related to deceased: Husband.

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Phthisis Pulmonalis — How long: 6 months

Immediate: Exhaus Tion — How long: 3 weeks —

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: Henry A. Naylor —

Address: Pikesville Md.

Accident or Suicide?

Name in Full: Mary Eleanor Willa

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highland — County: Baltimore

Date of death 1906 — Month: Dec — Day: 20 — Age: Years 81 — Months 1 — Days 12

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Henry Willa

Father's Name: Christian R. Dreyer — Father's Birthplace: Germany

Mother's Maiden Name: Not Known — Mother's Birthplace: Not Known

Name of person giving information: Jennie C. Hamel — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long:

Immediate: — How long:

154

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A S Warner

Address: 1120 Highland

Accident or Suicide? No

Trinity Cemetery

H. Sauter & Sons

Name in Full: John W Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Hatters (Town) — Balto (County)

Date of death: 1906 — Month: Dec — Day: 25 — Years: — Months: 10 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Joseph Williams — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: — How related to deceasad:

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E V Mace

Address: Rossville Md

Accident or Suicide?

Name in Full: David Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Grays; County: Balto

Date of death 1906: Month: Dec; Day: 29; Age: Years: 86; Months: ; Days: ;

Sex: Male; Color or Race: White; Birthplace: Scotland

Occupation: Retired; Where Residing if not at place of death: Grays.

Married, Single or Widowed: Widower; Name of Wife or Husband: Sarah Butler

Father's Name: James Wilson; Father's Birthplace: don't know

Mother's Maiden Name: Jennie Glean; Mother's Birthplace: " "

Name of person giving In formation: Martha Butler; How related to deceased: Sister in Law

19

CAUSES OF DEATH

Primary: Aortic regurgitation; How long: ?

Immediate: Broken compensation; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: N. C. Stone M.D.

Address: Ellicott City Md.

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Nancy L. Wood

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sparrows Point; County: Baltimore

Date of death 1906; Month: Dec.; Day: 9th; Age: Years: ; Months: 1; Days: 15

Sex: male; Color or Race: white; Birthplace: Sparrows Point

Occupation: —; Where Residing if not at place of death: " "

~~Married~~, Single ~~or Widowed~~; Name of Wife or Husband: —

Father's Name: Lemuel A. Wood; Father's Birthplace: NY

Mother's Maiden Name: Annie Porter; Mother's Birthplace: ~~NY~~ Del

Name of person giving information: Lemuel A. Wood; How related to deceased: father

PHYSICIAN OR CORONER

CAUSES OF DEATH

95

Primary: Acute hyperaemia of lungs; How long: 3 days

Immediate: Pulmonary Oedema; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. McCormick M.D.

Address: Sparrows Point Md

Accident or Suicide?

Name in Full: Mary Emerson Wright

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Boring County: Baltimore

Date of death 190 6 Month: Dec Day: 26

Age: Years 68 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Norbury D.A.Co Md

Merried, Single or Widowed: Single

Occupation: None

Name of Wife or Husbend:

Father's Neme: Gustavus Wright

Father's Birthplace: Queen Anne Co Md

Mother's Meiden Name: Mary Nicholson

Mother's Birthplace: Queen Anne Co Md

Name of person giving In formation: Mrs Mitchell

How related to deceased: Niece.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

64

Primary: Cerebral Hemorrhage

How long: 24 hrs

Immediate: Coma

How long: 24 hrs.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. W. Bockin

Address: Stoke St. Balto Md

Accident or Suicide?

Chas. E. Francis

746 N. Eutaw St

Druid Ridge Cem.

Dec. 25/1906

Name in Full: Hannah B. Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Long Green — County: Baltimore

Date of death: Month: Dec. — Day: 5 — 1906

Age: Years: 73 — Months: — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: John Young (deceased)

Father's Name: Benj. Burk — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving information: Samuel Young — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bronchitis — How long: 2 years

Immediate: General Debility — How long: " "

91

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: John A. Green

Address: Gittings

Accident or ~~Suicide?~~

Name in Full: Henry O Zimmerman

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Arlington (County): Balto.

Date of death: 1906 Month: Dec Day: 1

Age: Years: 22 Months: 6 Days: 21

Sex: Male Color or Race: White Birthplace: Balto Co

Occupation: Labor. Where Residing if not at place of death: Arlington

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Jarret Zimmerman Father's Birthplace: Balto Co

Mother's Maiden Name: Sarah Griffis Mother's Birthplace: Balto Co

Name of person giving information: Jarret H. Zimmerman How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 3 yrs

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James S Akehurst

Address: 4005 Park Heights Ave Balto.

Accident or Suicide?

PHYSICIAN OR CORONER

Druid Ridge
Dec 4 56
A S Marshall
3539 Falls Road

Name in Full: Alexander W. Morrison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: North Point (Town) — Baltimore (County)

Date of death: 1906 Month: Dec. Day: 16 Years: Age 78 Months: Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Farmer — Where Residing if not at place of death: ——

Married, Single or Widowed: Widower — Name of Wife or Husband: Mary Morrison

Father's Name: Rev. Geo. Morrison — Father's Birthplace:

Mother's Maiden Name: Elizabeth Morrison — Mother's Birthplace:

Name of person giving Information: C. B. Todd — How related to deceased: Son in law

CAUSES OF DEATH

106

PHYSICIAN OR CORONER

Primary: Senility — How long:

Immediate: Diarrhoea & Exhaustion — How long: 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Woodward M.D.

Address: Spring Point Md.

Accident or Suicide?

Name in Full: George Albert Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1906 — Month: 12 — Day: 5 — Years: 5 — Months: — Days:

Age: 5

Sex: Male — Color or Race: White — Birthplace: Balto

Occupation: None — Where Residing if not at place of death: 424 Lombard St

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Henry Myers — Father's Birthplace: Md.

Mother's Maiden Name: Carrie Stoffel — Mother's Birthplace: Md

Name of person giving information: Henry Myers — How related to deceased: Father.

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia Lobar — How long: 2 weeks

Immediate: Meningitis, Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Geo. L. Pyne M.D.

Address: 3 and Gough Highlandtown,

Accident or Suicide? No

Oak Lawn
J Henry & Son
12/8/66